



South Dakota Mental Health Statistics Improvement Program (MHSIP)

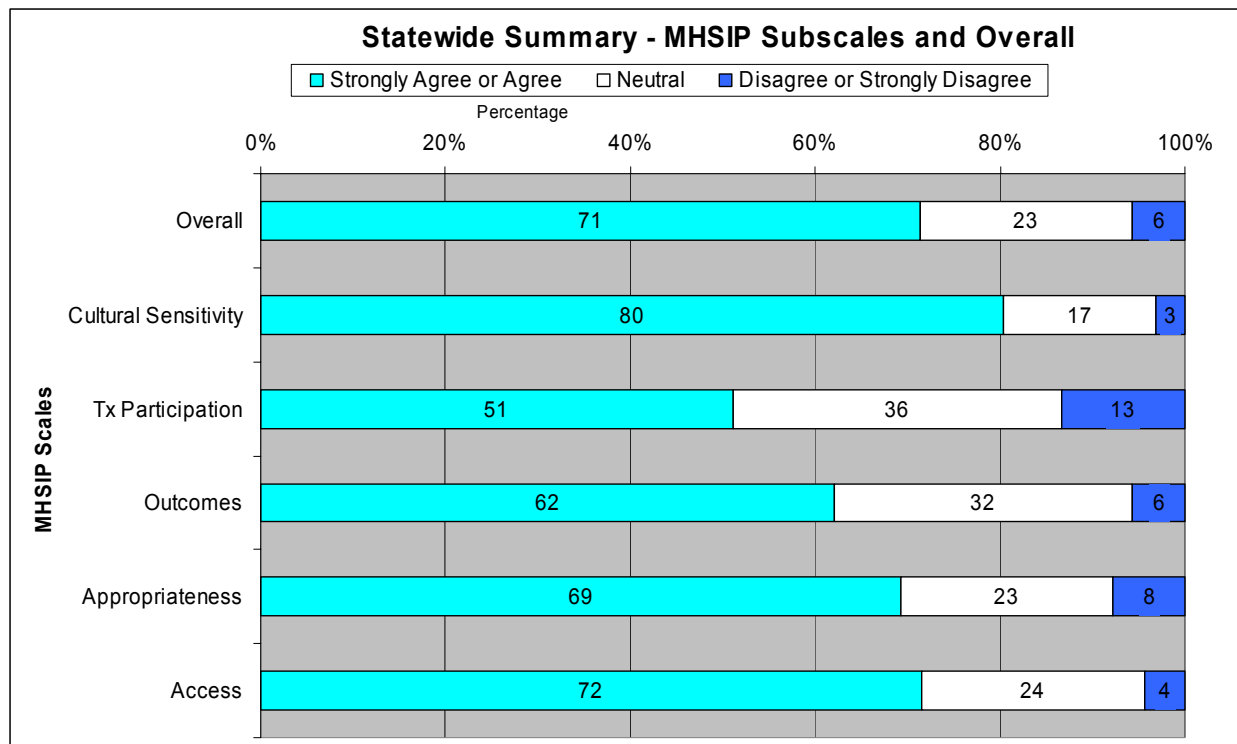
What Do Youth Consumers Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by youth consumers of services received from local community mental health centers. Random surveys were conducted of youth fourteen years of age or older who had serious and persistent mental illnesses. All eleven community mental health centers volunteered to participate in the current 2002 surveys.

Survey instruments were based on a version of a national instrument designed for both youth and for family members/caretakers of youth that is being implemented in most states through the MHSIP Program. Youth consumers were asked to agree or disagree with statements related to the ease and convenience with which they got services (access), the quality of services (appropriateness), results of services (outcomes), ability to direct their own course of treatment (treatment participation) and staff sensitivity to their background/culture. Summary scores were developed for each domain as well as an overall score for a Center. Out of 629 surveys sent out, Year 2002 surveys were returned by 148 youth, and completed sufficiently to use by 141 youth. This represents a return rate of 24% and a completion rate of 22%. For this population the return and complete rate is quite respectable.

Results for MHSIP Scale overall are shown in the chart on the next page. These results were positive, and quite similar to last year's results. The results are somewhat less positive than results from other states with similar surveys. The most important observation about this project is that consumers are evaluating the services they receive and Centers are doing everything they can to listen and improve services they provide based on this evaluation.

These results were also not as positive as the comparable results from the adult consumer survey. The difference between these surveys is: in all domains and overall youth were somewhat less likely to Strongly Agree or Agree with the statements and more likely to be Neutral. There were no differences between the two surveys in the percentage of respondents who Disagree or Strongly Disagree.



Description of Respondents

Year 2002 survey responses were available from 148 youth. Seven youth did not fill out enough items to compute any of the MHSIP domains; these youth were totally excluded from the survey. Of the remaining 141 youth, one youth respondent did not complete enough items to receive an overall summary scale score, and between 1 and 14 youths did not complete enough items in each domain to calculate a score.

As the table on the next shows, among those who provided descriptive information more female youths (58%) were represented in the surveys than male (42%), virtually identical to the percentages in the 2001 survey. All respondents were between the ages of 14 - 18. Most youths were White, Non-Hispanic (70%), leaving 30% minority. Again, this is virtually identical to the percentages from the preceding survey.

[update] Most (79%) had lived with a parent in the past 6 months. According to respondents, 9% of youths had lived in a Foster Home in the past 6 months and 9% had lived in a Group Home. 22% of youths had appeared in court in the past 6 months (half were charged with a crime). Half of the youth were on medications for behavioral health problems. 42% indicated they were no longer receiving services from the CMHC.

Please see Appendix A. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

Count of Individuals Completing Items for One or More MHSIP Domains

Race/Ethnicity - Gender

	Male	Female	Unknown	Total	Percent of known
White Non-Hispanic	45	52	0	97	100%
Non-white	14	27	0	41	100%
Unknown	1	2	0	3	100%
Total	60	81	0	141	100%

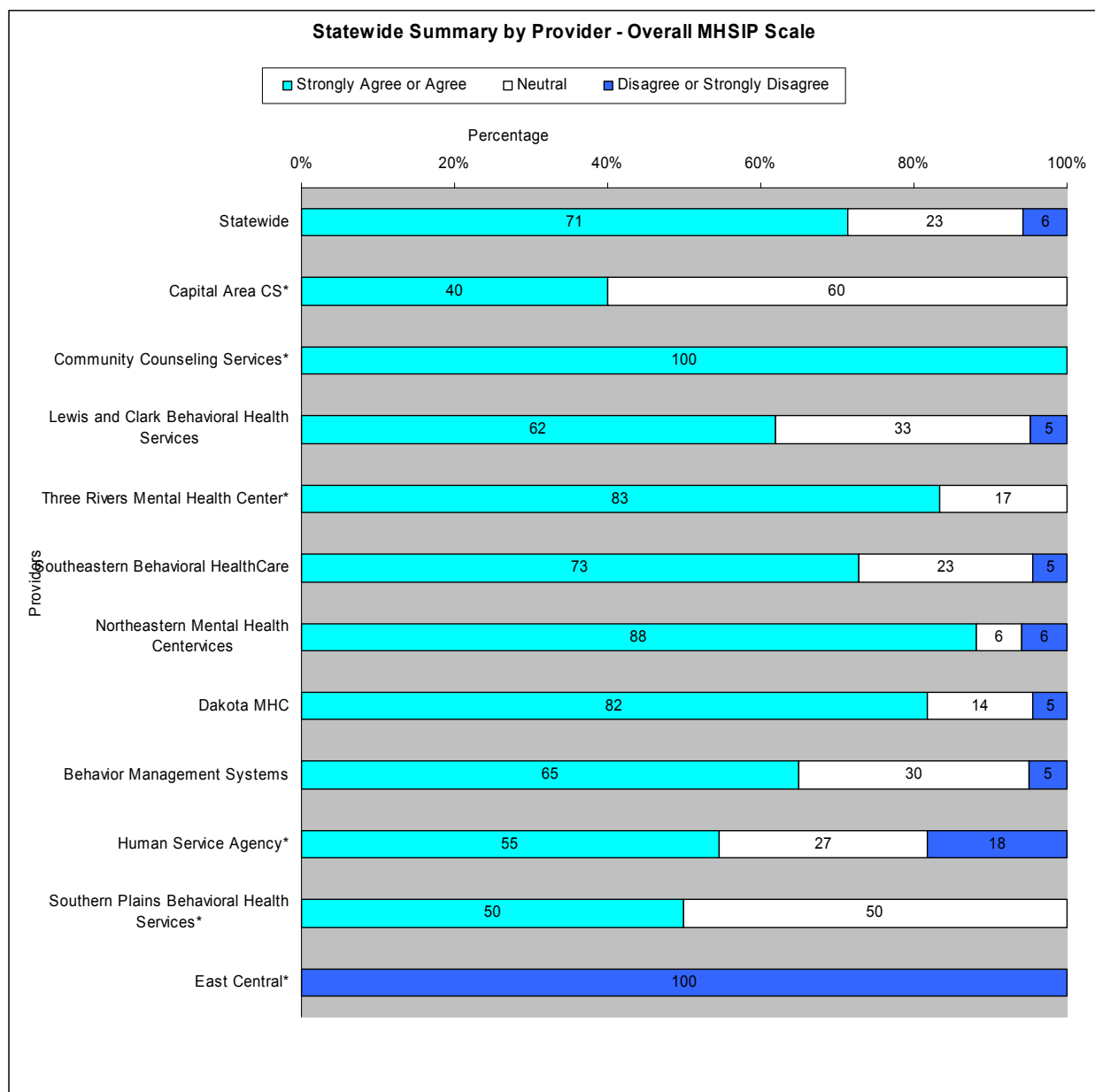
Results by CMHC

Overall survey results for each Center are shown on the next page, followed by results for each domain the survey was designed to evaluate: access to services (the ease and convenience with which they got services), appropriateness of services (the quality of services), outcome of receiving services (results of services), ability to direct their own course of treatment (treatment participation) and staff sensitivity to their background/culture. In the graphs that follow, small differences in percentages between Centers are not meaningful. Many things may account for the differences you see in charts comparing Centers. Some of the differences may be because the Centers, their services, or the characteristics of their consumers vary.

The 114 youth who completed year 2002 surveys were served by 11 CMHC's. Six of the eleven CMHCs had fewer than fifteen respondents. One, East Central, had only one respondent who filled out enough scores to compute the MHSIP overall score. This youth was relatively dissatisfied with the services received.

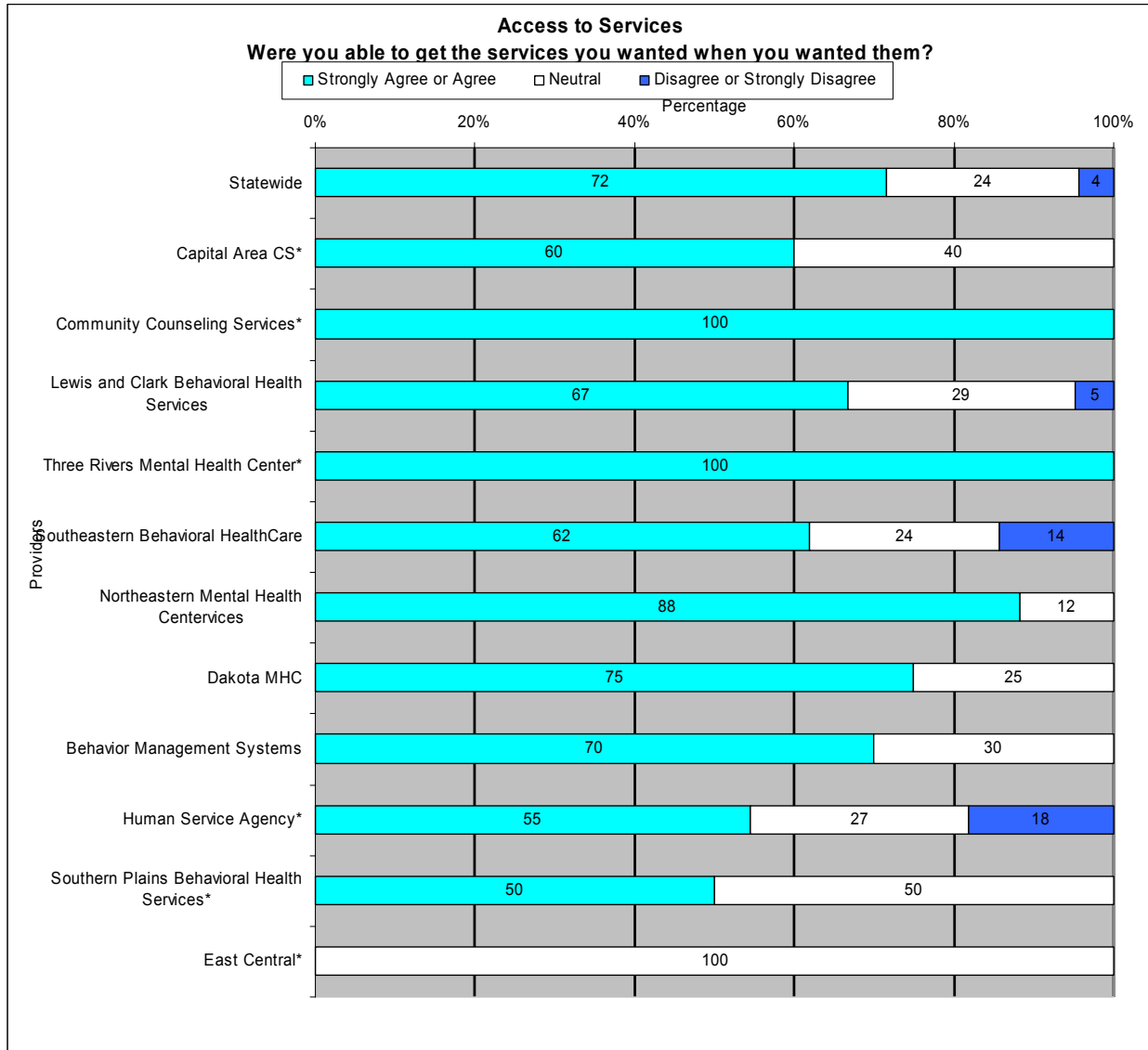
Because of the small numbers of respondents per Center responses to surveys in 2001 were combined with those this year before comparing CMHCs. Analyses showed that there was no evidence of differences between CMHC's in their evaluation by consumers. This was the case when all CMHCs were included, and when two CMHCs were excluded because they had fewer than 15 respondents for the two years combined.

On the following pages are charts comparing CMHCs for the MSHIP overall as well as the MHSIP domains.

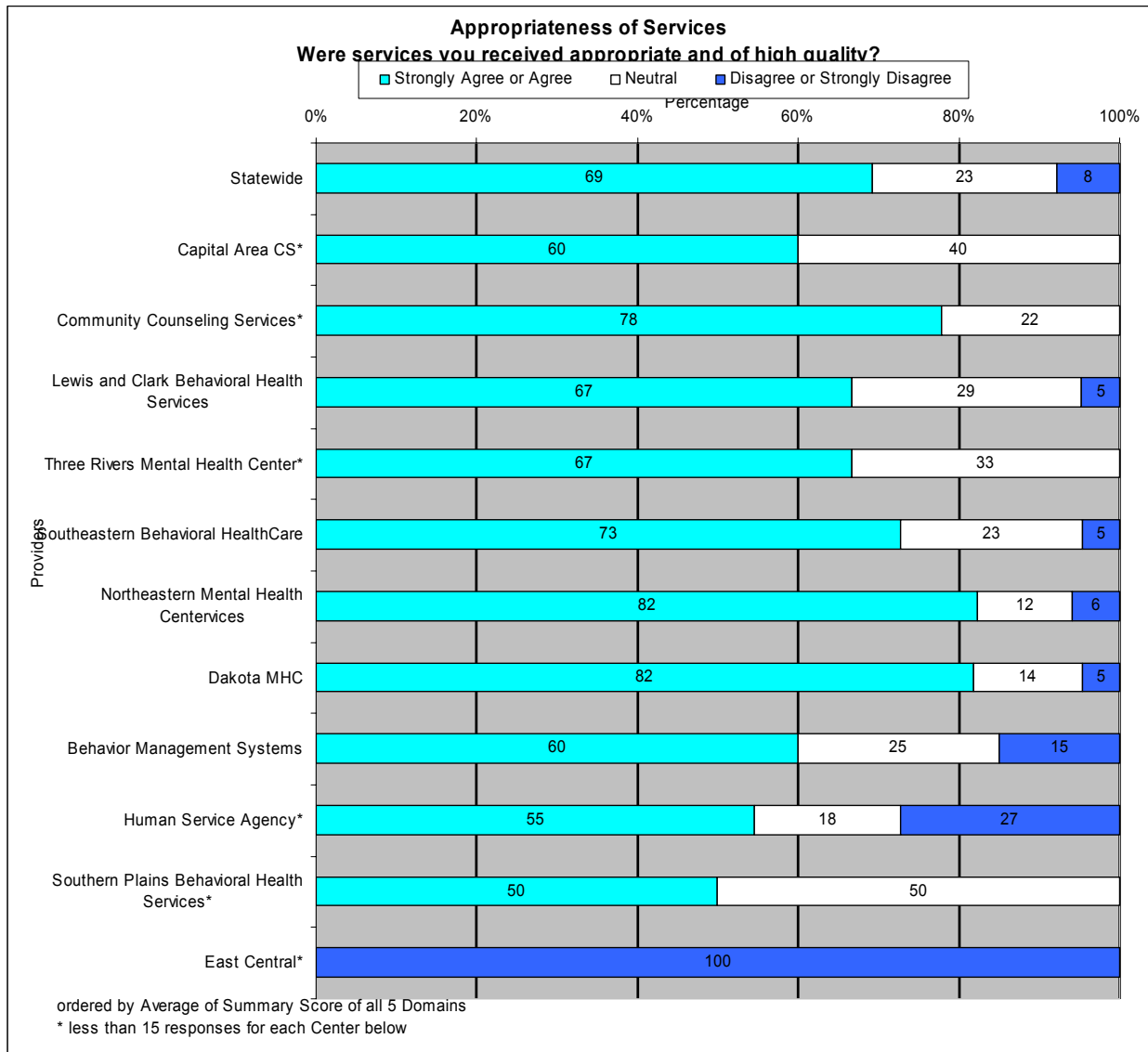


For the MHSIP overall, statewide 71% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with CMHC's ranging in scores from 40% to 100% (it should be noted that the CMHC with 1 respondent had a score of 0%). Note also that the two CMHC's at the top and the three CMHC's at the bottom all have fewer than 15 responses.

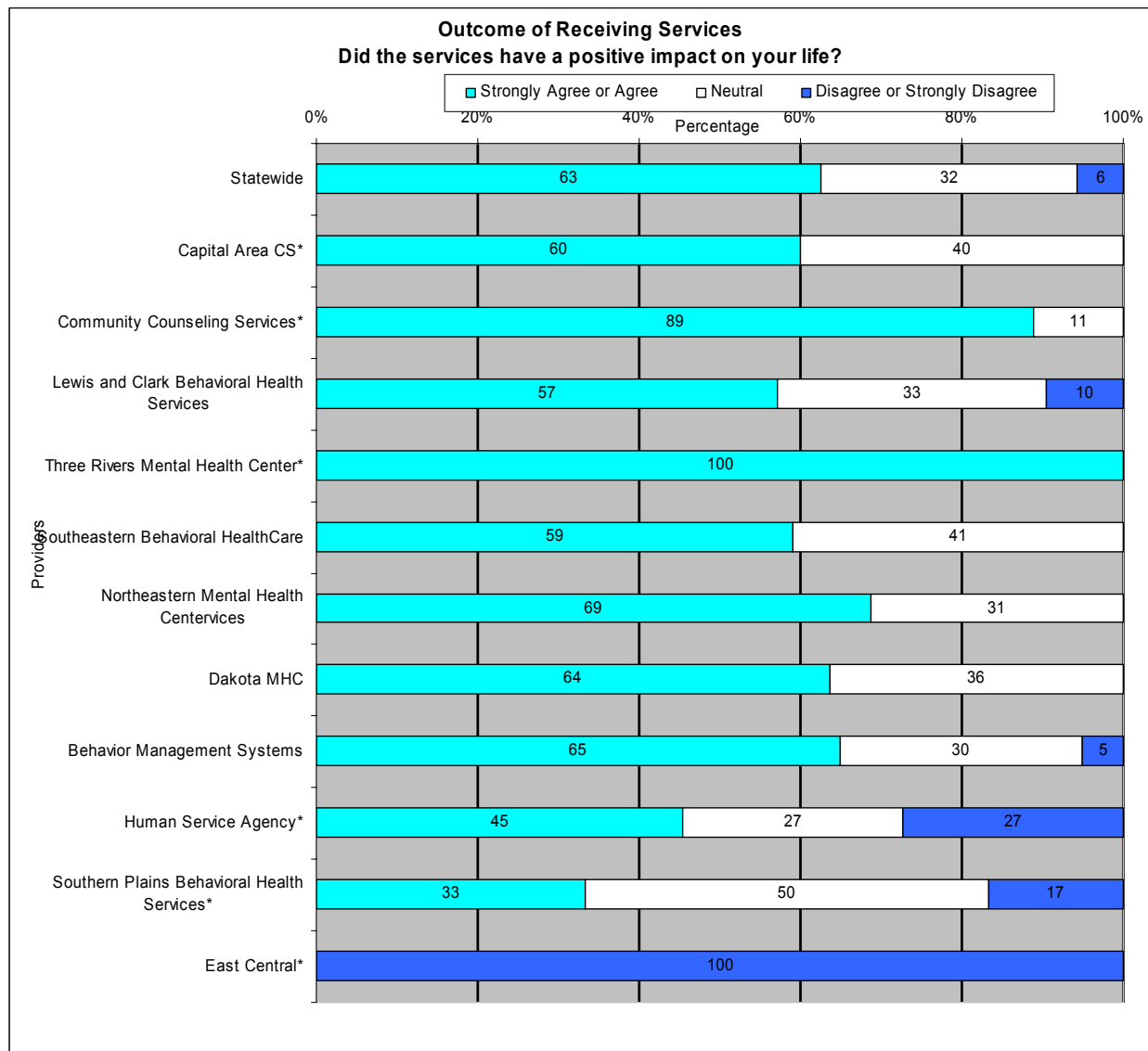
For the MHSIP domain of Access, statewide 72% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with CMHC's ranging in scores from 50% to 100% (it should be noted that the CMHC with 1 respondent had a score of 0%). Note also that the two CMHC's at the top and the three CMHC's at the bottom all have fewer than 15 responses.

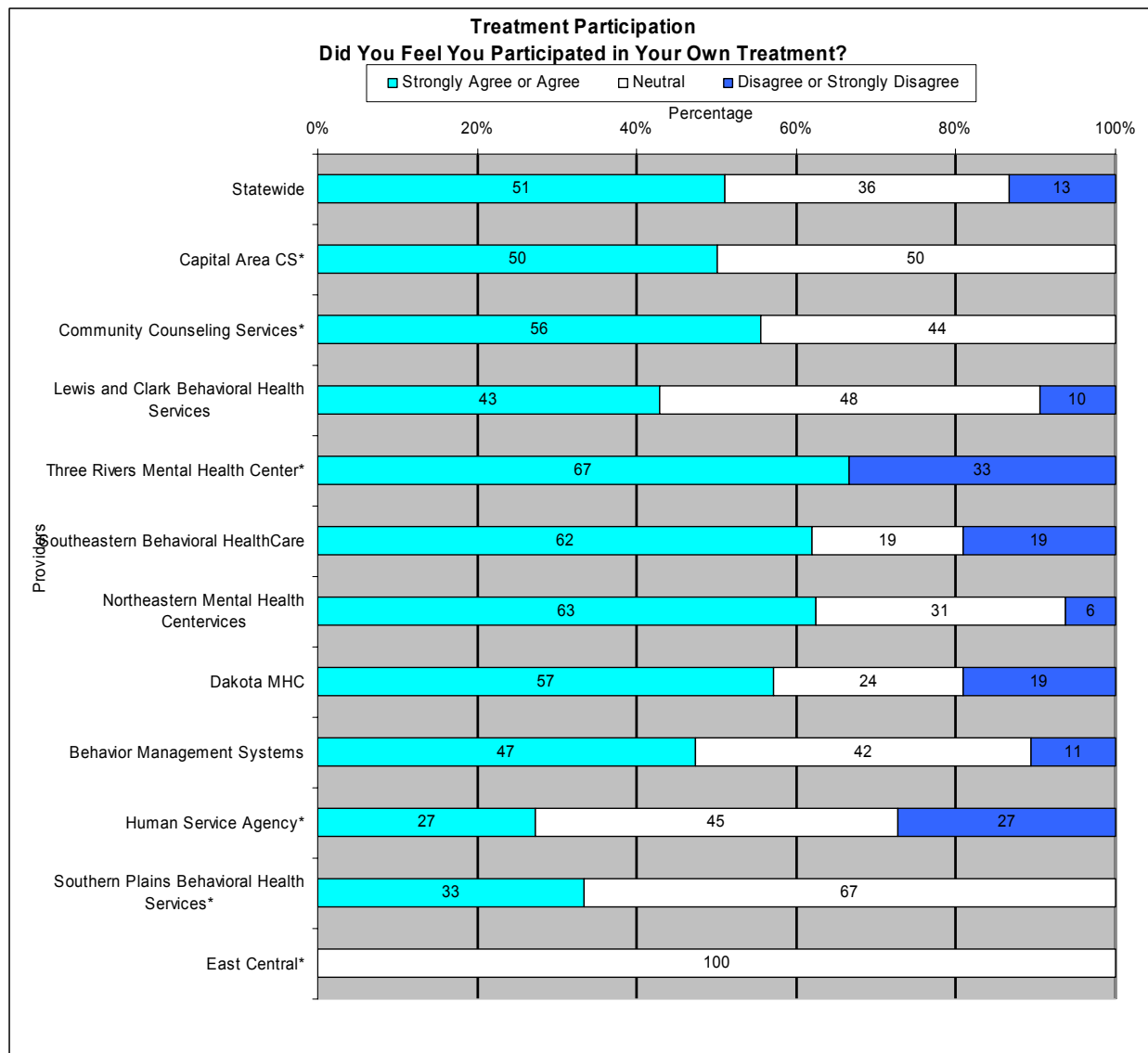


For the MHSIP domain of Appropriateness, statewide 69% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with CMHC's ranging in scores from 50% to 82% (it should be noted that the CMHC with 1 respondent had a score of 0%). Note also that the two CMHC's at the top and the three CMHC's at the bottom all have fewer than 15 responses.

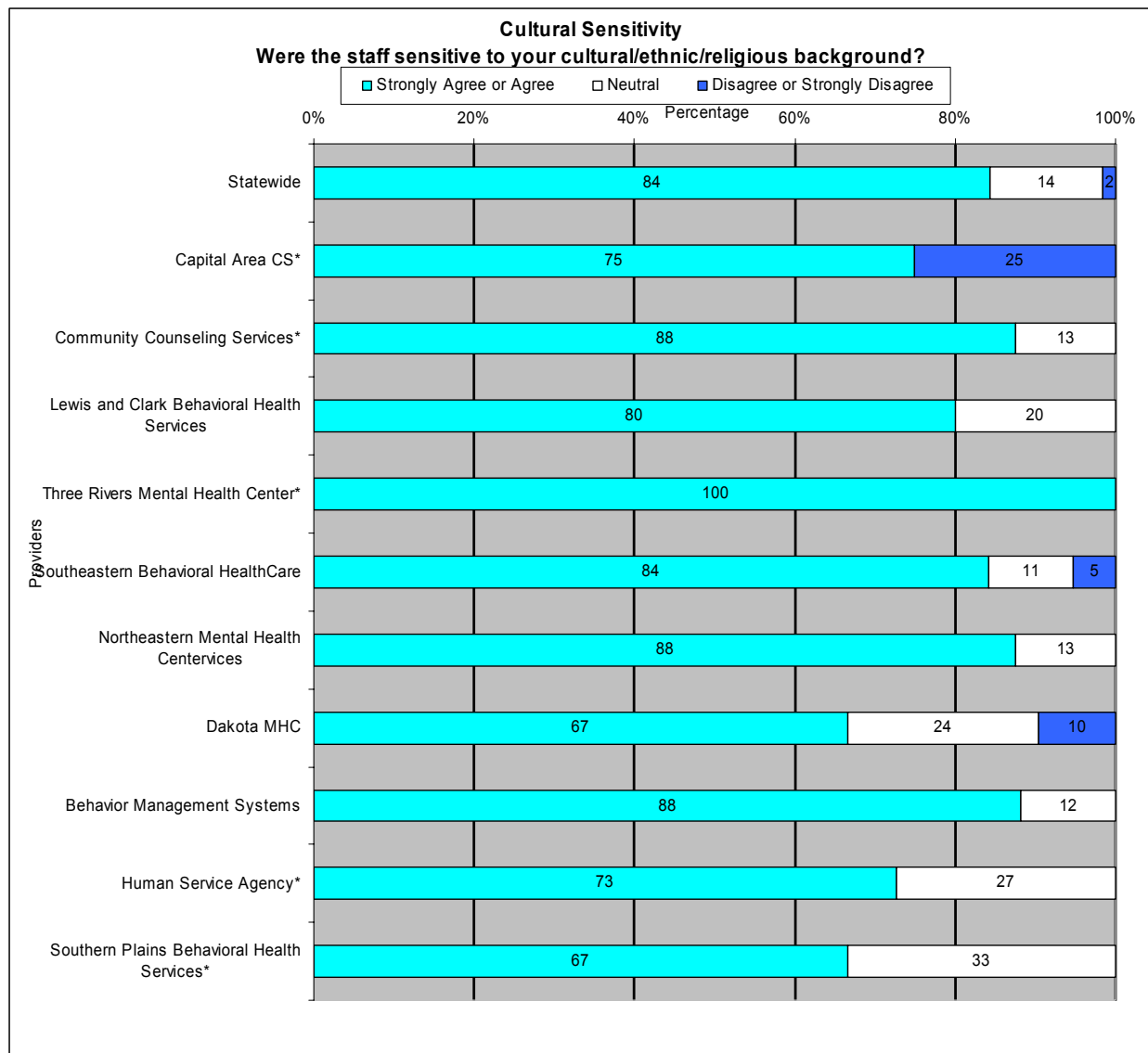


For the critical MHSIP domain of Outcomes, statewide 63% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with CMHC's ranging in scores from 33% to 100% (it should be noted that the CMHC with 1 respondent had a score of 0%). Note also that the two CMHC's at the top and the three CMHC's at the bottom all have fewer than 15 responses.





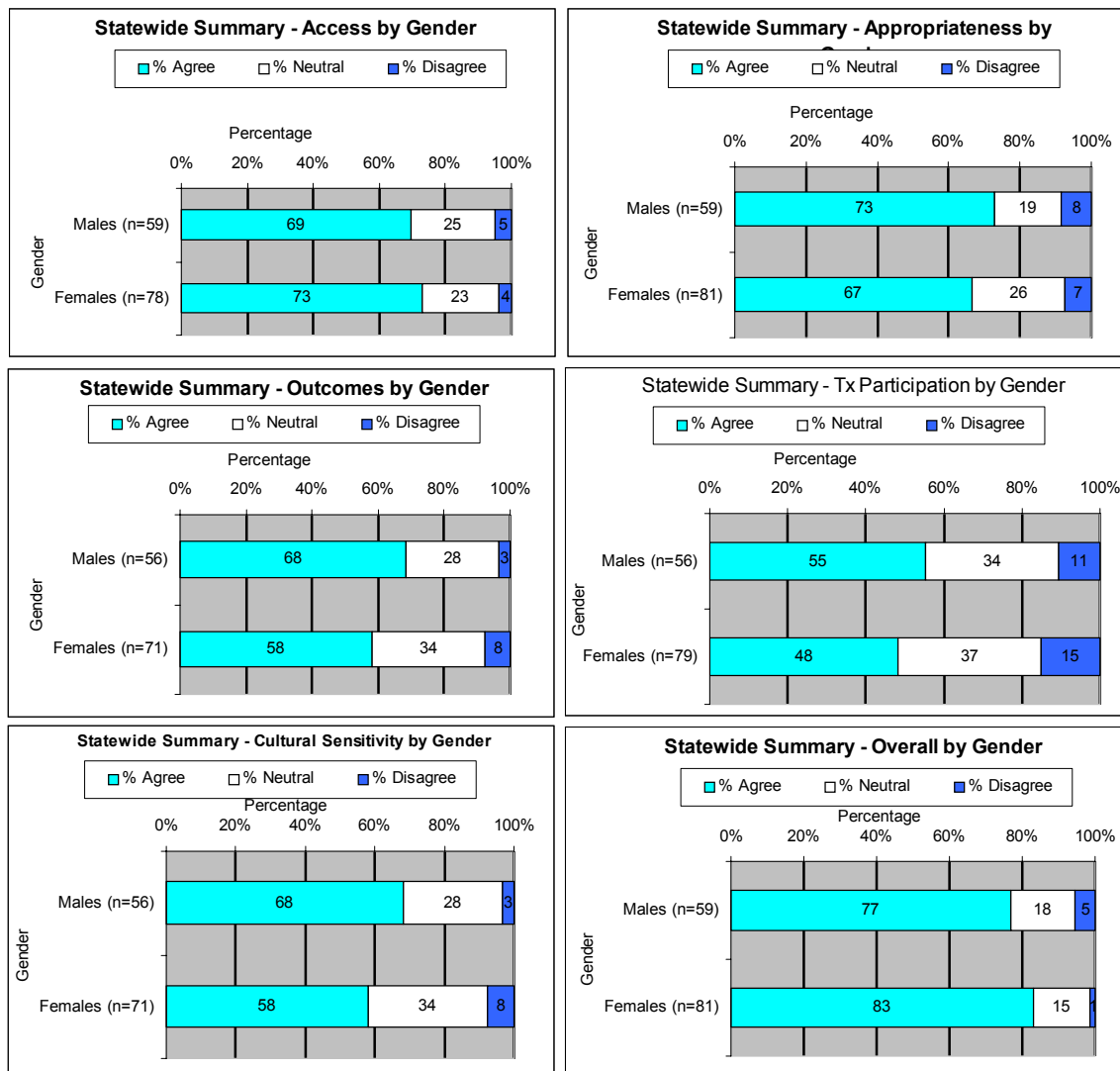
For the MHSIP domain of Treatment Participation, statewide 51% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with CMHC's ranging in scores from 27% to 67% (it should be noted that the CMHC with 1 respondent had a score of 0%). Note also that the two CMHC's at the top and the three CMHC's at the bottom all have fewer than 15 responses.



For the MHSIP domain of Cultural Sensitivity, statewide 84% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with CMHC's ranging in scores from 67% to 100% . Note also that the two CMHC's at the top and the two CMHC's at the bottom all have fewer than 15 responses.

Evaluation of Services by Gender

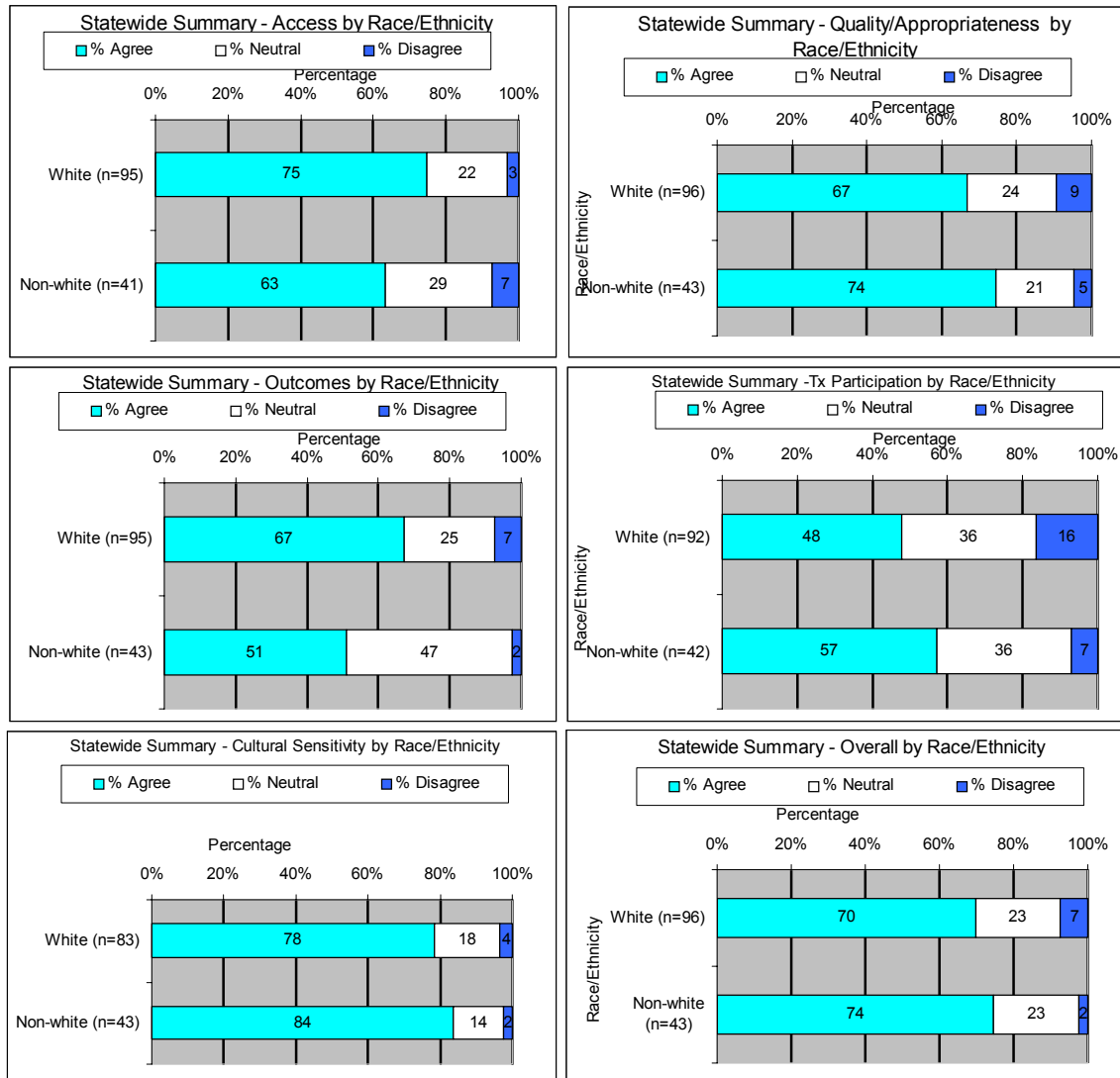
As already reported 42% of the youth were male and 58% were female. The percentage differences shown below for the 2002 survey are not statistically reliable. That is, youth do not differ in their ratings of services provided as a function of gender.



When the surveys from 2001 are combined with the current surveys, however, some of the differences become statistically significant. Specifically males compared to females respond significantly more positively for the MHSIP domains of Outcomes (means of 2.20 vs. 2.43 respectively; $p < .05$) and Treatment Participation (means of 2.38 vs. 2.67 respectively; $p < .01$).

Evaluation of Services by Race/Ethnicity

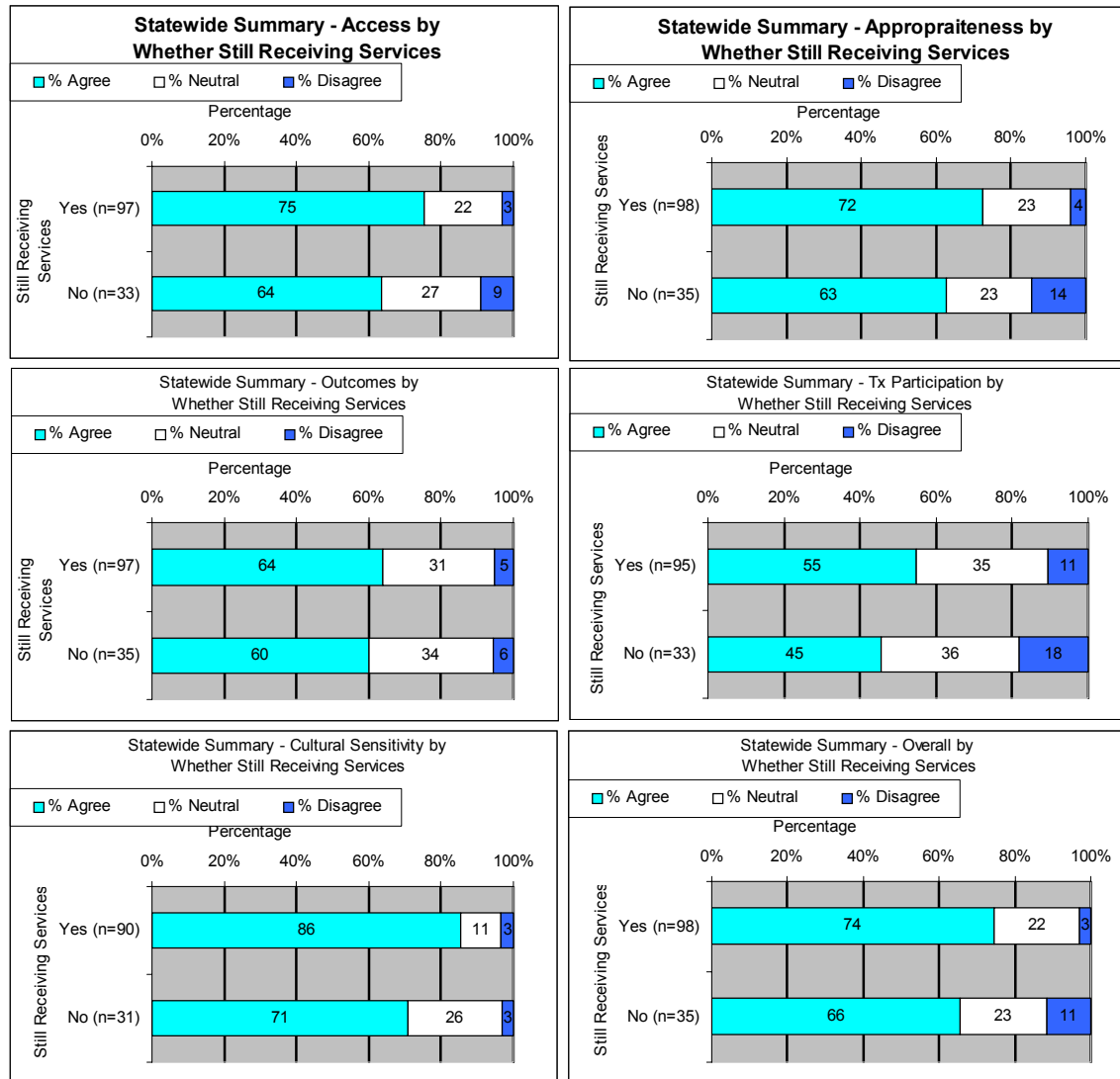
For the purpose of this analysis children were divided in those who are White-non-Hispanic as compared to non-White. Seventy-one percent (70%) of the children were white, non-Hispanic and 30% were non-white. The race/ethnicity of three (3) children was not indicated on the survey; these children were left out of the following tables. The percentage differences shown below are not statistically reliable. That is, youth do not rate any differently the services provided as a function of race/ethnicity.



When the surveys from 2001 are combined with the current surveys, none of the differences are statistically significant. There is a suggestion of one intriguing finding, however. Non-whites compared to whites are somewhat more likely to be less satisfied with access to services (medians of 2.26 vs. 2.05 respectively; $p < .10$).

Evaluation of Services by Whether Still Receiving Services from CMHC

Ninety-eight youth (74%) reported that they were still receiving services from the CMHC; thirty-five youth (26%) reported that the child was no longer receiving services. Five respondents (4% of the total sample) did not answer the question, and are not included in this analysis. Without exception the percentage differences shown below are not statistically reliable



When the surveys from 2001 are combined with the current surveys, there are significant differences with satisfaction with the quality/appropriateness of services. Those who are still receiving services are significantly more satisfied than those who are not (means of 2.12 vs. 2.47 respectively; $p < .01$).

Discussion and Implications

Historically, CMHC's have valued input from consumers and family by conducting surveys requesting an evaluation of services. Again they are to be commended for this, and for taking another step by utilizing the MHSIP consumer survey in a Statewide random sample of consumers and of family with youth receiving services. The MHSIP consumer survey is continuing to be implemented nationally by State mental health authorities. It was also largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.

The current survey serves very well as one of several baseline assessments of the quality and outcome of services for the State. An analysis of results for different demographic groups showed no statistically significant differences from this year's sample alone, and few when samples are combined. The result for this year's survey is similar to the others in not indicating a need for risk adjustment of results, though the power of the survey is not adequate to be conclusive.

The State would derive several benefits from continuing this survey annually. Differences that existed among Providers of mental health services to youth were still not statistically reliable even when all samples were combined. The ability to detect such differences was still not large because of the small sample size relative to the number of such Centers. That is, if respondents had been distributed equally over the eleven Centers each Center would have been assessed by approximately twenty-three youth. More important, even with the combined data four of the Centers have fewer than 15 respondents. These tend to be the Centers with the most extreme ratings, positive or negative. Thus there is still not a large enough number to detect such differences.

An intriguing finding was that youth do differ in their rating of services provided depending on whether they are still receiving services, but only for the domain of quality/appropriateness. Seventy-seven percent of youth still receiving services from the CMHC were positive regarding the quality/appropriateness of services; this compares to only 56% when youth were not receiving services. It should be noted, however, that this finding was carried almost entirely by data from the previous cohort. The difference in the current sample was less than 10%. Again, differences existed for the other domains and for the MHSIP overall were much smaller and were not statistically reliable.

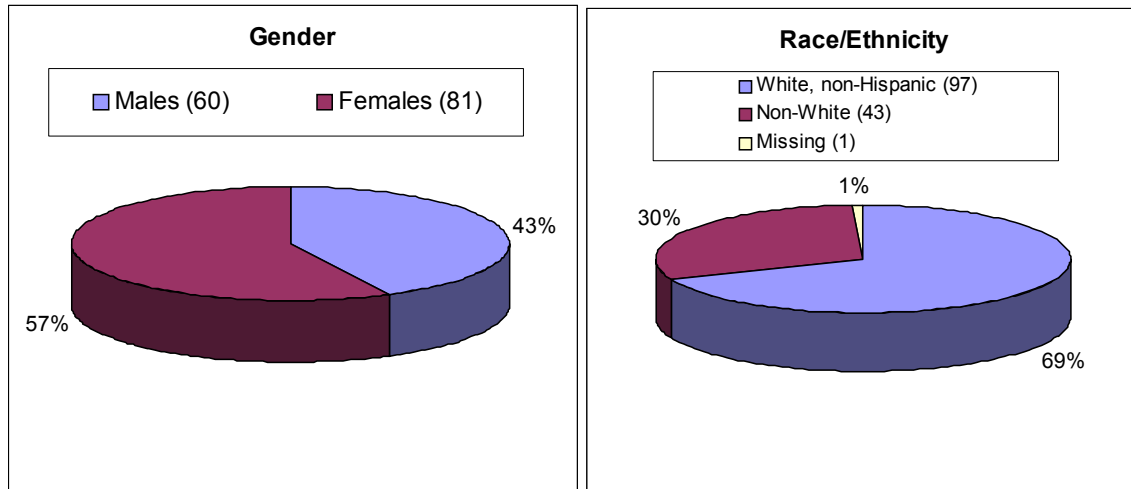
Thus one challenge now is for the State is to continue to increase the number of respondents who take this survey. This can best be done by a) replicating the survey each year, and if possible b) increasing the number of youth respondents from each of the Centers. Over several years this would allow the State to determine if true differences among the Centers exist. It would also allow the Department to monitor possible statewide trends in you responses to the MHSIP survey. It may also be useful to implement a parent/caregiver survey so that services received by children younger than age 14 may also be assessed.

It would also be desirable to go beyond consumer surveys and get a broader picture of the performance of the CMHC's by assessing other data kept by the State's MIS systems. Such additional analyses could include penetration rates of the Providers, analysis of the services provided, and recidivism rates of their consumers. Such additional analyses would allow an assessment of the relative strengths and weaknesses of each of the regions of the State.

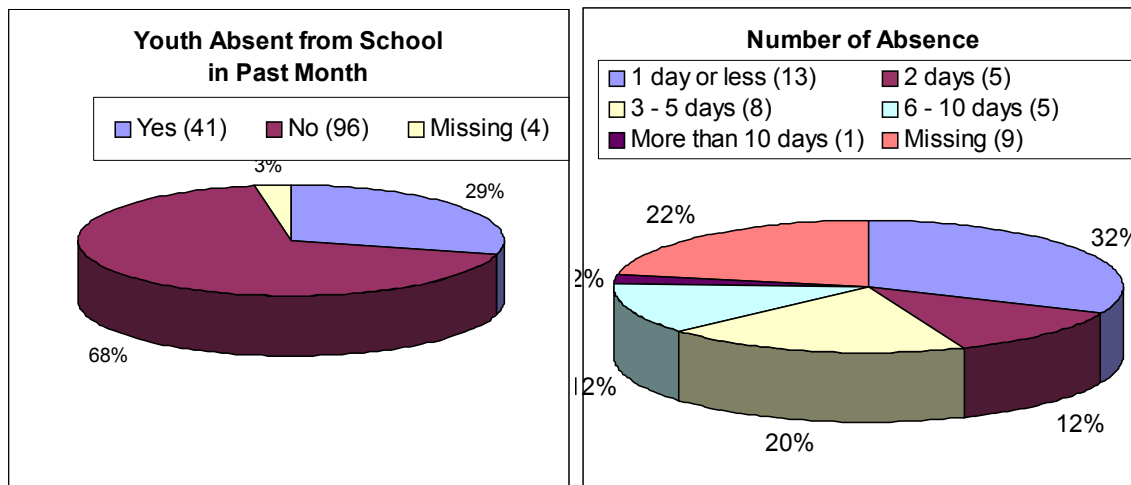
Appendix A.

Results from Demographic Questions on Survey

Gender and Race/Ethnicity



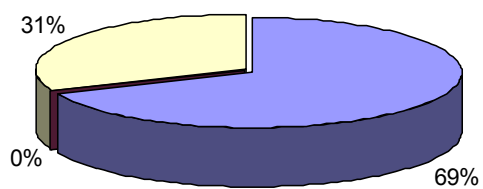
Whether Youth Absent from School Past Month, and Number of Absences



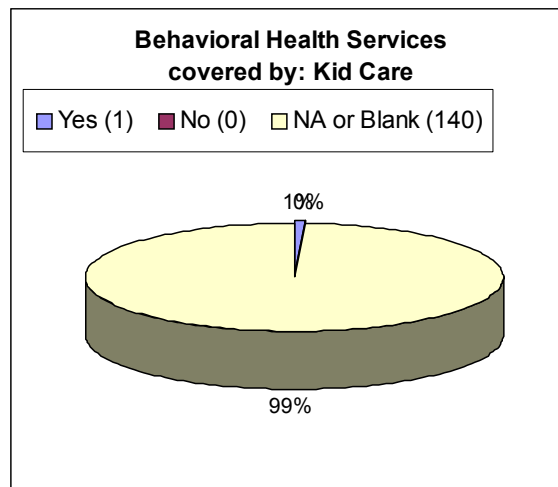
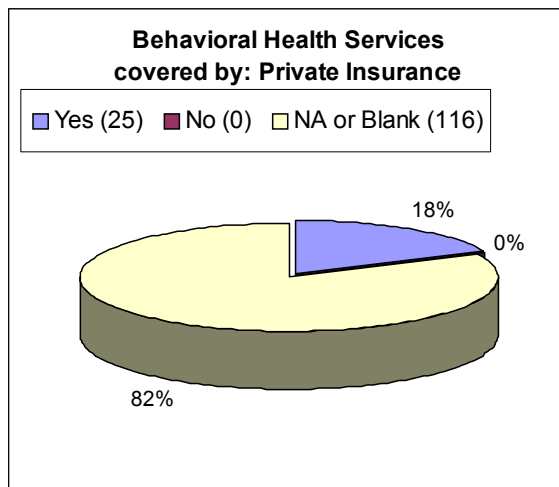
Whether have Medicaid Insurance:

**Behavioral Health Services
covered by: Medicaid**

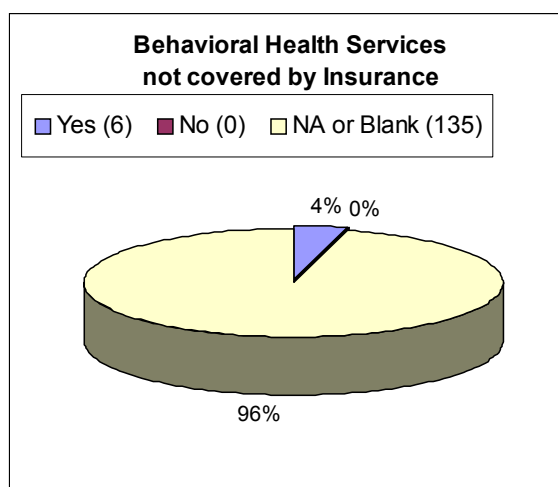
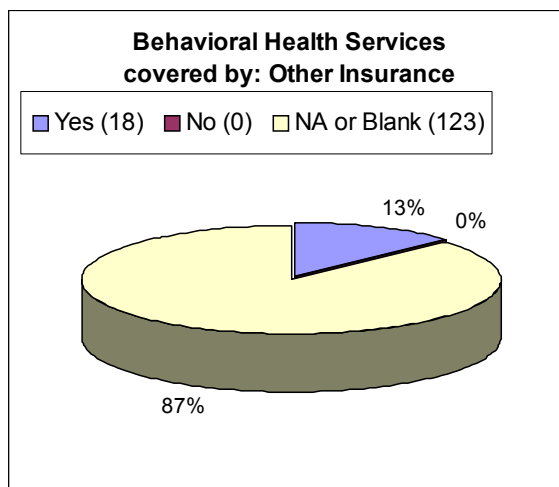
■ Yes (97) ■ No (0) ■ NA or Blank (44)



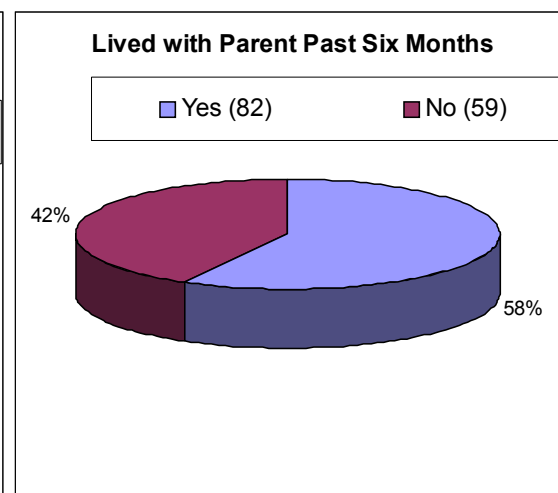
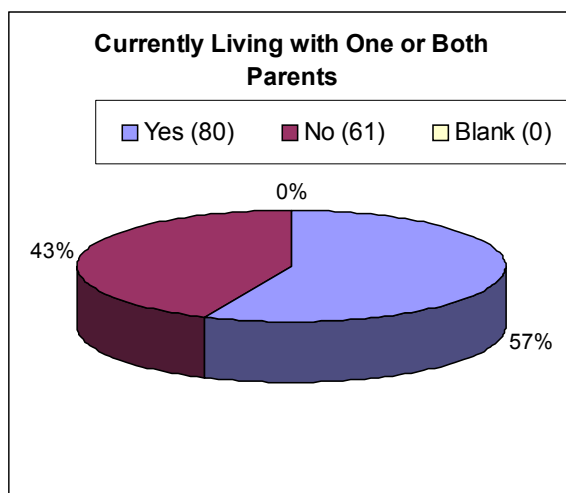
Whether have Private Insurance or Whether have Kid Care:



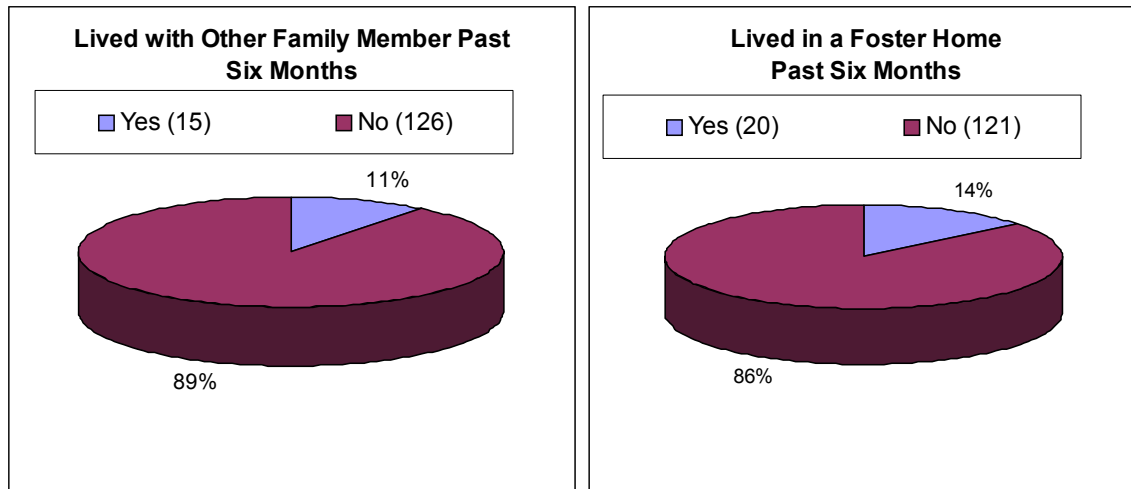
Whether have Other Insurance or Have No Insurance:



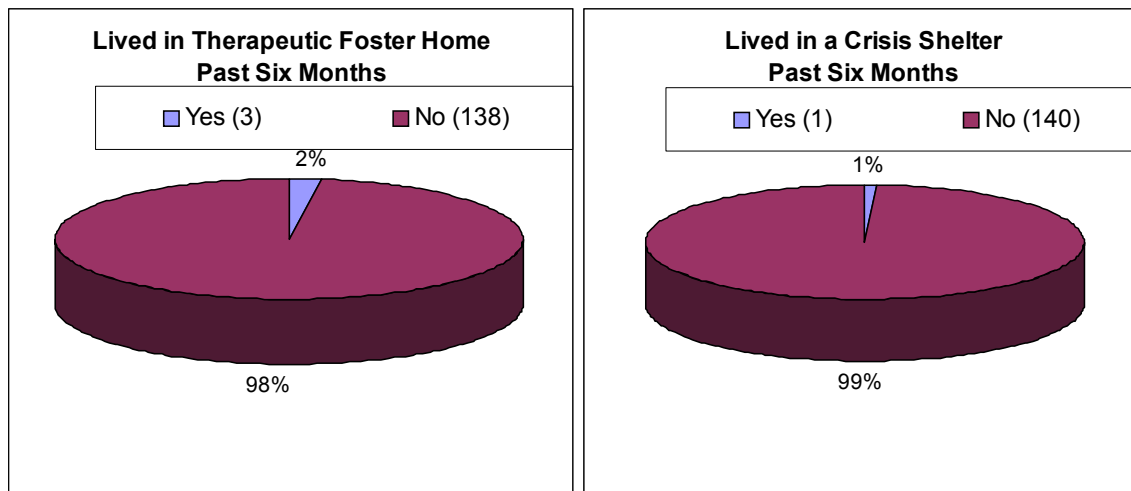
Whether Child Currently Living with You and Whether Child Lived with Parents in Past Six Months



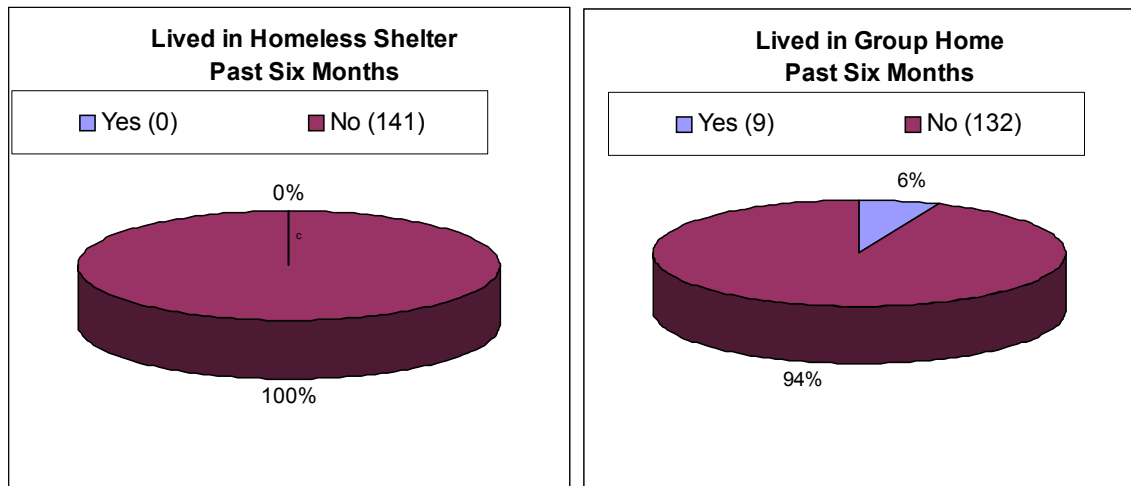
Whether Child Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



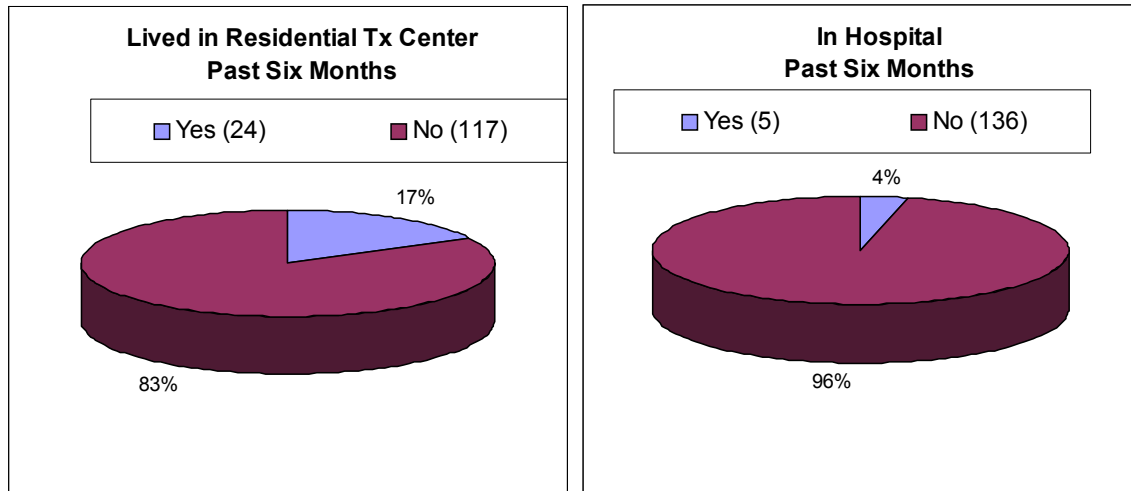
Whether Child Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



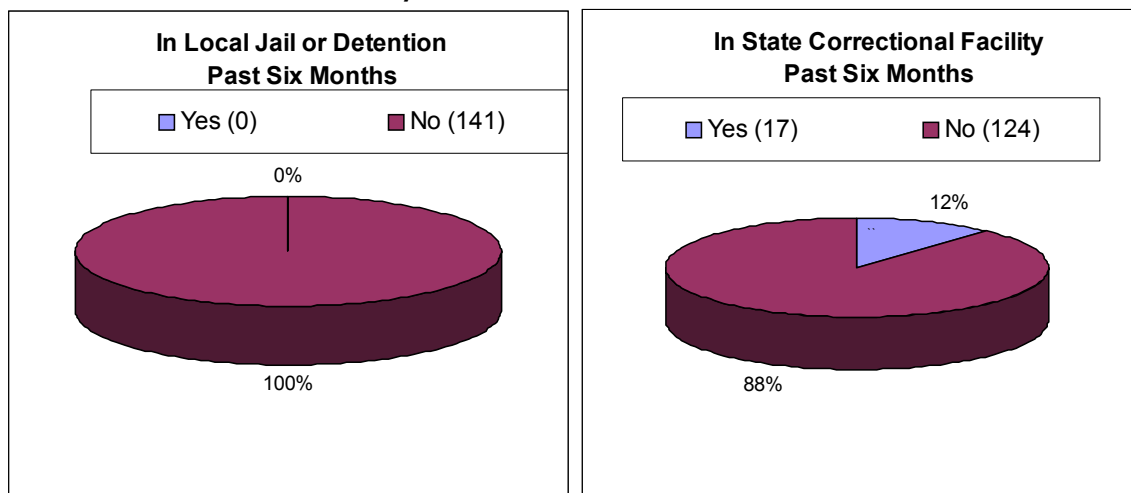
Whether Child Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



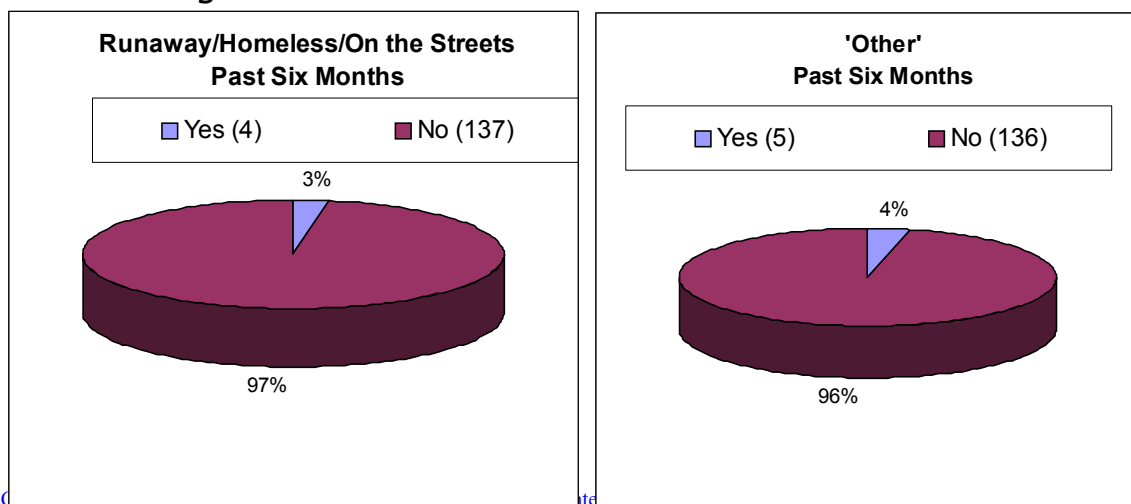
Whether Child Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



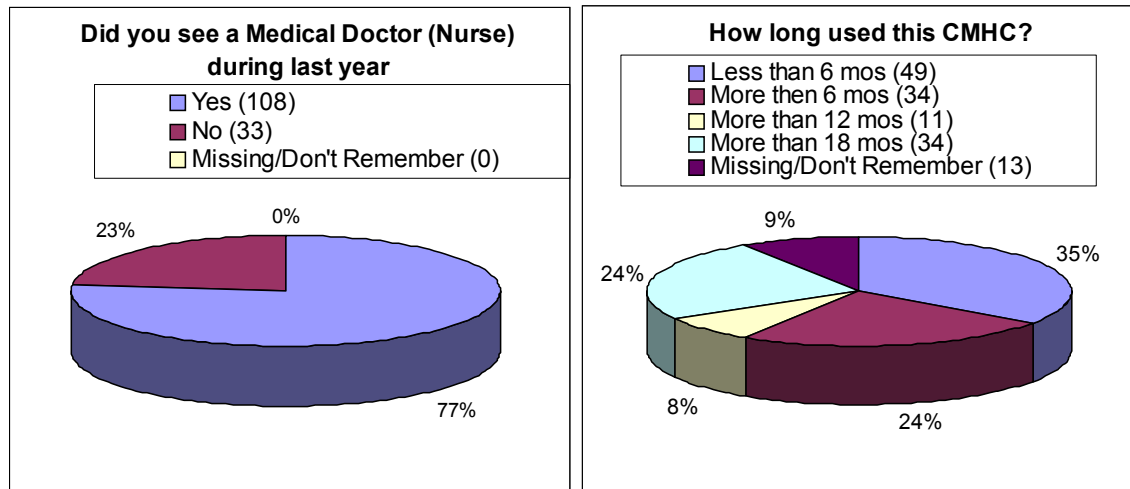
Whether Child Lived in Local Jail/Detention Past Six Months and Whether in State Correctional Facility Past Six Months



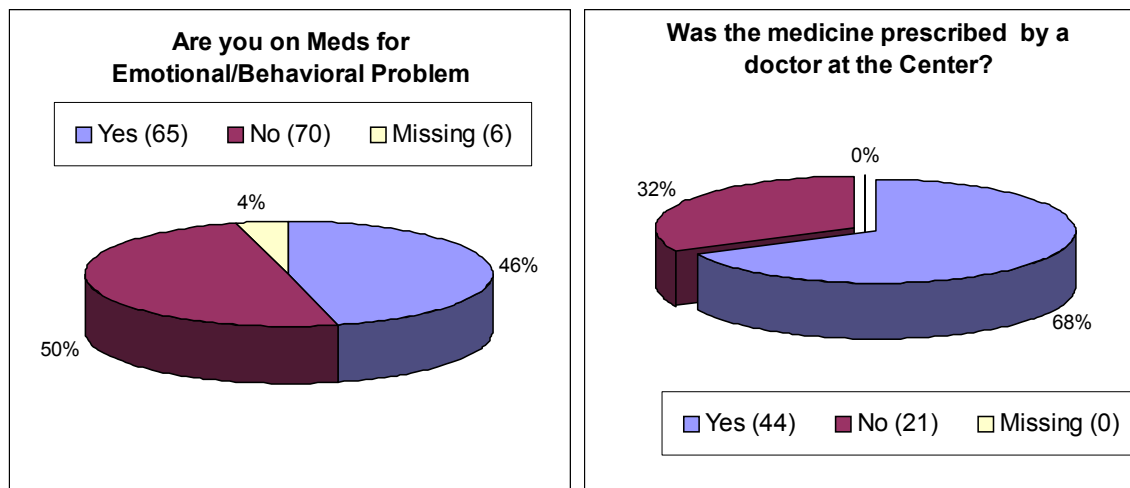
Whether Child Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



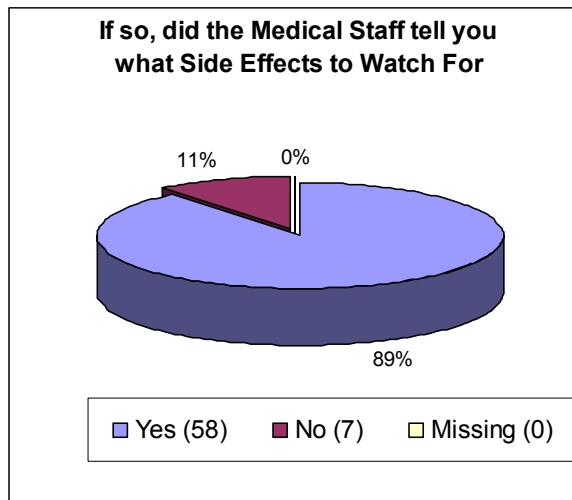
Whether Child Saw Doctor/Nurse for Check Up/Sick, and How Long Used this CMHC:



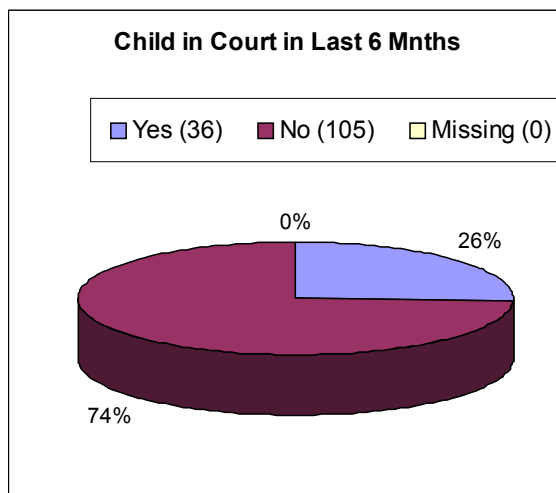
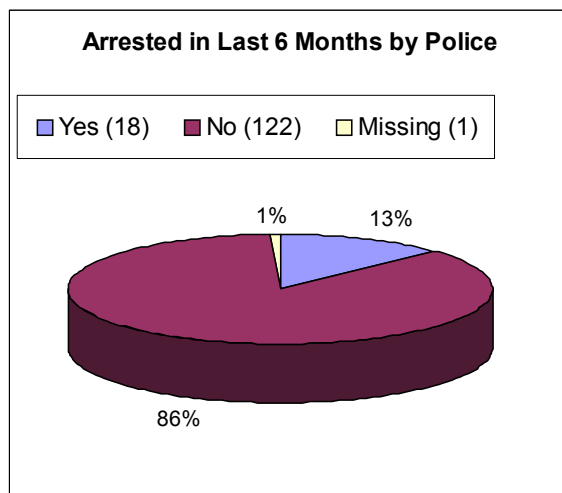
Child on Meds for Behavioral or Emotional Problems, and Was the Medicine Prescribed by a Doctor at the Center



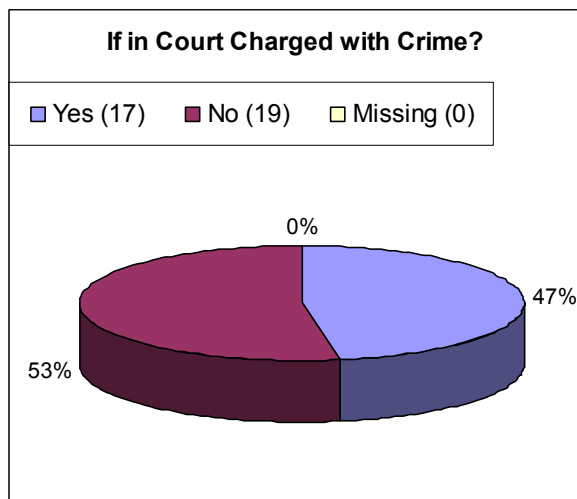
Did the Doctor or Nurse Warn about Possible Side Effects:



Whether the Child Arrested in Last 6 Months, and Whether Appeared in Court in past Six Months:



Whether if Been to Court Were You Charged With a Crime?



The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Youth with Two or More Out-of-Home Placements

